

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • FAX (808) 768-7311  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**STATEMENT OF AFFIRMATION  
(Voter List & Zoning Clearance)**

New Liquor License Application       Transfer Liquor License Application

Date: \_\_\_\_\_

Applicant Trade Name/DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I've submitted a request for a Voters List to the Office of the City Clerk on \_\_\_\_\_  
Date

I've submitted for Zoning Clearance to the Dept. of Planning & Permitting or HCDA (Hawaii Community Development Authority) if licensed premises is located in the Kakaako or Kalaeloia area. \_\_\_\_\_  
Date

I will provide the Voters List and/or approved Zoning Clearance to the Honolulu Liquor Commission when it becomes available.

I acknowledge and certify the statements and dates above accurate and true.

\_\_\_\_\_  
SIGNATURE Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Applicant

\_\_\_\_\_  
Title

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OFFICE USE:

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF INITIAL: \_\_\_\_\_